## MEDI-CAL HEALTH CARE PROGRAM UPDATE **ERRATA**



February 18, 2004

#### **LEADER Work Around No. 26**



Continuous Eligibility for Children (CEC) is now programmed into LEADER. Therefore LEADER Work Around No. 26, dated 05/31/01, is no longer needed.

## **Deemed Eligibility for Newborns**

Due to recent changes in State law and policy, an infant born to a Medi-Cal eligible mother shall have deemed eligibility for the first year of life. This includes children born to CalWORKs and SSI mothers in addition to those receiving Medi-Cal only. The newborn will be placed into a full scope aid code based on the mother's no cost or share of cost eligibility status. Aid for the newborn continues as long as he/she resides with the mother and remains in the state. Should the mother become ineligible due to failure to complete the annual redetermination, the child will still remain eligible up to age one year. Administrative Directive 4021 Supp. 1 which details the policy and procedures for the newborn's deemed eligibility will soon be issued.

Reference: ACWDL 03-49, dated 10/6/03



**PUBLISHED BY: The Los Angeles County Department of Public Social Services Bureau of Special Operations** 

### **Medicare Savings Programs** QMB/SLMB/QI

The State Buy-In is funded entirely by the State. The Medicare Savings Programs involve federal funding. Therefore, it is critically important for staff to make certain that all eligible individuals are enrolled in the Medicare Savings Programs.

Please ensure that not only does the QMB/SLMB/QI program to which the participant is eligible show on LEADER, but that it also is reflected on MEDS.

#### MC 302

Staff is reminded that the MC 302 is no longer needed to issue temporary Medi-Cal cards. Districts can now print the MOPI screen on MEDS as proof of eligibility. (See the AM referenced below for more details.)

Reference: Admin. Memo 03-17, dated 05/19/03

# **Substantial Gainful Activity (SGA)**

All County Welfare Directors Letter 03-60 informs counties that the SGA amount has increased from \$800 to \$810 per month effective January 1, 2004.



#### **CHDP Referrals**



The Child Health and Disability Prevention (CHDP) Program provides periodic dental and physical examinations and transportation assistance for Medi-Cal eligible children ages 0-20, including the unborn. Information regarding the CHDP Program must be provided to participants at the time of application and at each annual redetermination. If a participant requests services or additional information about CHDP services, a refer-

ral to CHDP must be initiated. Additionally, a participant who requests cash aid or Medi-Cal due to pregnancy must be referred to CHDP unless the services are clearly refused.

CHDP referrals are made for the following services, based on the participant's responses during the redetermination process:

Information Only
Medical and Dental
Medical and Dental with Scheduling/Transportation
Medical
Medical with Scheduling/Transportation
Dental
Dental with Scheduling/Transportation



All appropriate responses, including a refusal of services, should be entered on the CHDP screen in LEADER when completing the redetermination queue.

Reference: ACWDL 01-47 dated 08/20/01

#### INS To BCIS To USCIS

Please note that the Bureau of Citizenship and Immigration Services (BCIS) formerly INS, has again changed its name to the United States Citizenship and Immigration Services (USCIS).

#### **PRUCOL**

When an otherwise eligible applicant/beneficiary claims Satisfactory Immigration Status (SIS) under PRUCOL and indicates his/her PRUCOL status in Question # 5 on the Statement of Citizenship, Alienage and Immigration Status (MC 13), the case is to be approved for full-scope benefits pending the return of the MC-845 Supplement-PRUCOL. The case shall be reduced to restricted benefits if a complete MC-845 Supplement is not returned within 30 days. However, if it is returned at a later date, benefits shall be increased to full-scope effective the first of the month in which the complete form is returned. If information is subsequently received from USCIS (formerly INS/BCIS) on the G-845 that this person is not PRUCOL, reduce the Medi-Cal benefits to limited-scope using the appropriate aid code.

**REMINDER:** PRUCOL status is available to ALL Medi-Cal beneficiaries who wish to claim it. It is NOT only for persons in long-term care or receiving renal dialysis treatments.

Reference: ACWDL 92-48, dated 08-07-92, MEM 50301.5